

RATE DEVELOPMENT BRANCH

SCHEDULES

Hospital Name

Medi-Cal Provider Number

Fiscal Year End

**RATE DEVELOPMENT BRANCH
CERTIFICATION**

I hereby certify that the attached schedules for the fiscal period _____ were prepared in accordance with the applicable instructions and, to the best of my knowledge, are a true, correct, and complete statement prepared from the books and records of:

Name of facility	
Signed	Date
Title	

RATE DEVELOPMENT BRANCH SCHEDULE

Provider name	Medi-Cal provider number	Fiscal period	Contract period

Acute Care Only	Medi-Cal Cost Services	Medi-Cal Contract Services (CMAC)	Medi-Cal Total Services
A. Medi-Cal net cost of covered services plus hospital-based physician costs, (W/S E-3, Part III, line 9)	\$	\$	\$
B. Deductibles and coinsurance (Third Party Liability) (W/S E-3, Part III, lines 33 and 36)	\$	\$	\$
C. Medi-Cal inpatient days (W/S D-1, Parts I and II)			
1. Routine (Adults and Pediatrics)			
2. ICU			
3. CCU			
4. Nursery			
5. NICU			
6. Other (specify)			
(a)			
(b)			
D. Total hospital discharges (See instructions)	N/A	N/A	
E. Total Medi-Cal discharges (See instructions)			
F. Total Medi-Cal inpatient charges (W/S E-3, Part III, line 16)	\$	\$	\$

RATE DEVELOPMENT BRANCH SCHEDULE

Provider name	Medi-Cal provider number	Fiscal period	Contract period
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A. Expense Pass-Through Data

	Reference	
1. Depreciation Expense	8810–8813, and/or .71, .72, .73, and .74	\$
2. Rent and lease expense	8820–8822 and/or .75 and .76	\$
3. Interest expense	8860, 8870	\$
4. Property taxes and license fees	8850 and/or .83	\$
5. Utility expense	.77, .78, .79, and .80	\$
6. Malpractice insurance expense	8830 and/or .81	\$
B. Gross Operating Expenses	W/S A, Col. 3, line 101	\$

C. Student and Physicians Compensation

1. Salaries and wages (include benefits)	.07, 8210.09–8290.09	\$
2. Professional fees	.20	\$

D. Pharmacy Nonlabor Expenses	8390.37 and 8390.38	\$
E. Food Services Nonlabor Expenses	8320, 8330, and 8340 and/or .42 and .43	\$

F. Direct Operating Costs

1. Salaries and wages	.00–.09, .91, .95	\$
2. Employee benefits	.10–.19, .92, .96	\$
3. Other professional fees	.21–.29	\$
4. Purchased services	.61–.69	\$
5. Supplies	.31–.36, .39–.41, .44–.50, .93, .97	\$

RATE DEVELOPMENT BRANCH SCHEDULE

Provider name	Medi-Cal provider number	Fiscal period	Contract period
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A. Direct Payroll Costs (Totals)

	Reference	(a) Productive Salaries	(b) Productive Hours
1. Management and supervision	.00	\$	
2. Technicians and specialists	.01	\$	
3. Registered nurses	.02	\$	
4. Licensed vocational nurses	.03	\$	
5. Aides and orderlies	.04	\$	
6. Physicians (salaried)	.07	\$	
7. Nonphysician medical practitioners	.08	\$	
8. Environmental and food services	.06	\$	
9. Clerical and Other Administrative	.05	\$	
10. Other salaries and wages	.09	\$	
11. All nonproductive salaries and wages	Labor Distribution Report or Provider W/P	Nonproductive Salaries	Nonproductive Hours
		\$	

B. Subtotal Direct Payroll Costs

1. Productive salaries (column a, 1–10)		\$	
2. Productive hours (column b, 1–10)			

C. Total Productive and Nonproductive Salaries (A.11.a. + B.1.a.)

	\$	
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D. Total Productive and Nonproductive Hours (A.11.b. + B.2.b.)

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